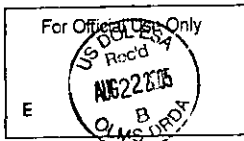


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>10406</u>		Year Covered From: <u>0 / 1 / 2004</u> Through: <u>12 / 31 / 2004</u>	
3. Name and address of person filing. Name <u>Rodney B. Hogstedt</u> P.O. Box, Bldg., Room No., if any Street <u>201 Sylvan Lane</u> City <u>Fridley</u> State <u>Minnesota</u> ZIP Code + 4 <u>55432</u>		4. Name, file number, and address of labor organization. Name <u>IUPAT D.C. 82</u> Labor Organization File Number <u>542-089</u> P.O. Box, Building and Room Number, if any Street <u>3205 Country Drive</u> City <u>Little Canada</u> State <u>Minnesota</u> ZIP Code + 4 <u>55117</u>	
5. Position in labor organization. <u>Representative / Trustee</u>			

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Rodney B. Hogstedt

On 8/12/05
Date

763-571-1177
Telephone Number

Name of Person Filing <u>Rodney Hansen</u>		File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name <u>Minneapolis Local 386 Dental Pension Fund</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any <u>Suite 500</u> Street <u>3001 Metro Drive</u> City <u>Bloomington</u> State <u>Minnesota</u> ZIP Code + 4 <u>55425</u>	9. Business deals with. <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. <u>Trustee Educational Seminar Registration, Airfare, Hotel, Expenses</u> <hr/> 11.b. Approximate dollar value of such dealing. <u>\$2886.61</u> 12.a. Nature of interest held or income received. <div style="border: 1px solid black; padding: 10px; text-align: center; margin: 10px 0;"> NONE </div> 12.b. Amount. _____	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <u>Wilson H. SHANE</u> Trade Name, if any: <u>T.P.A.</u> P.O. Box, Bldg., Room No., if any <u>Suite 500</u> Street <u>3001 Metro Drive</u> City <u>Bloomington</u> State <u>Minnesota</u> ZIP Code + 4 <u>55425</u>	14.a. Nature of payment. <u>Registration Fee \$95.00</u> <hr/> 14.b. Amount of payment <u>\$95.00</u>	
13.b. Is the Business an Employer _____ or Consultant <input checked="" type="checkbox"/> ? <u>TPA</u>		

Name of Person Filing <u>Rodney HUBERT</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Minneapolis Local 386 Drywall Pension Fund
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any Suite 500
Street 3001 Metro Drive
City Blumington
State MN ZIP Code + 4 55425

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name _____
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any _____
Street _____
City _____
State _____ ZIP Code + 4 _____

11.a. Nature of such dealing.

Re-registration
Educational Seminar for YR. 05.

11.b. Approximate dollar value of such dealing.

\$1310.00

12.a. Nature of interest held or income received.

NONE

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____
Trade Name, if any: NONE
P.O. Box, Bldg., Room No., if any _____
Street _____
City _____
State _____ ZIP Code + 4 _____

14.a. Nature of payment.

NONE

13.b. Is the Business an Employer _____ or Consultant _____ ?

14.b. Amount of payment

Name of Person Filing <u>Rodney HOGERTY</u>		File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name <u>Labor Management Cooperative Initiative</u> Trade Name, if any: <u>LMCI</u> P.O. Box, Bldg., Room No., if any _____ Street <u>1750 New York Ave. N.W.</u> City <u>Washington D.C.</u> State <u>Washington D.C.</u> ZIP Code + 4 <u>20006</u>	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. <u>Educational Seminar / Dinner</u> <hr/> 11.b. Approximate dollar value of such dealing. <u>\$127.91</u> 12.a. Nature of interest held or income received. _____ 12.b. Amount. _____	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment. _____ _____ _____	
13.b. Is the Business an Employer _____ or Consultant _____ ?	14.b. Amount of payment. _____	

The transactions, dealing and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended Form LM-30.

Rodney Hopcraft
Signature

5/12/2005
Date